



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e)(ii)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 155857	2. Name of Corporation Cornerstone Industries, Inc
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3. Street Address Principal Business Office West Beach Road	City Block Island	State RI	Zip 02807
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4. Business Phone No. 401-466-5154	5. State of Incorporation Rhode Island
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6. Brief Description of the Character of Business Conducted in Rhode Island

Construction and Tourist Services

7. NAMES AND ADDRESSES OF THE OFFICERS. (X) BOX FOR ATTACHMENTS () FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Robert Fletcher	Vice President Name Robyne Fletcher
Street Address P. O. Box 1084	Street Address P. O. Box 1084
City Block Island	City Block Island
State RI	State RI
Zip 02807	Zip 02807

Secretary Name Robyne Fletcher	Treasurer Name Robert Fletcher
Street Address P. O. Box 1084	Street Address P. O. Box 1084
City Block Island	City Block Island
State RI	State RI
Zip 02807	Zip 02807

8. NAMES AND ADDRESSES OF THE DIRECTORS. (X) BOX FOR ATTACHMENTS () FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Robert Fletcher	Director Name Robyne Fletcher
Street Address P. O. Box 1084	Street Address P. O. Box 1084
City Block Island	City Block Island
State RI	State RI
Zip 02807	Zip 02807

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED (X) SHARES ISSUED ()

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares	Class/Series	Par Value
	200	None	No Par Value
THIS SECTION MUST BE COMPLETED			

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: FEB 28 2012

Check No:

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: *[Signature]* Date: 2/23/12

Print or Type Name: ROBERT O. FLETCHER

Title: PRESIDENT